

EXHIBIT B
Challenge Grant II
Program Evaluation Survey
Family

This survey will become part of your county's Challenge II contract with the Board of Corrections. For purposes of this survey:

- “Program” refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses.
- “Research Design” refers to the procedures you will use to test the stated hypotheses for your Program. In some instances you will have more than one Research Design for a Program, in which case a separate survey must be completed for each Research Design.
- “Project” refers to all the work that you propose to do with Challenge Grant II. For example, if you have two Programs and two Research Designs for each Program, the entire effort would constitute your Project (and you would complete four surveys).

To simplify the task of completing this survey, we refer you to several sources; 1) the initial Research Design Summary Form, 2) your Program’s responses to the technical compliance issues identified during the grant review, and 3) the Request for Additional Information form distributed at the Challenge II Evaluators Meeting on June 23, 1999. If no additional information was requested of a particular item on the Research Design Summary Form, enter the original text into the appropriate space below. If more information was requested, provide a more complete response. In either case, please provide the additional information requested by any follow-up question.

1.	County: Santa Barbara	
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2. **Program Name:** Current Challenge Grant participants have found it useful to pick a name that helps them to create a Program identity (two examples are the “IDEA” Program and the “Home Run” Program). Indicate the title you will be using to refer to your Program.

CII will be the program identity until an alternative name is designated.

3. **Treatment Interventions:** Describe the components of the Program that you will be evaluating. Another way of saying this is, “Describe how the ‘treatment’ juveniles (those in the Program) will be treated differently than the comparison juveniles (e.g., more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare, etc.).”

The Challenge II Project will utilize a family-focused, neighborhood-based supervision model to provide services to criminally involved, truant, and individual youth welfare and their families with identified substance abuse problems living in two adjacent targeted neighborhoods in the City of Santa Barbara. Through using a collaborative service delivery and supervision model, Challenge II addresses five priorities of the Santa Barbara County Juvenile Justice System. Specifically, Challenge II will (1) maximize existing resources; (2) launch a carefully planned drug and alcohol treatment program with a family-focused system of care; (3) develop gender specific assessments and programming across the juvenile justice continuum; (4) test the efficacy of neighborhood outreach services and neighborhood-focused restorative justice programs; and (5) maximize the use of local out-of-home placements with a lower Rate Classification Level (RCL) than out-of-county placements. The general hypothesis of the Challenge II Grant is that a family-focused, neighborhood-based supervision model will reduce juvenile crime rates. Challenge II will implement a comprehensive service model that is composed of five critical service needs for individual youth and families with substance abuse problems. A brief description of the essential service needs for these specific youth and families is provided below.

Family and Neighborhood-Based Supervision

An interagency, co-located team approach to providing supervision, case planning, and case management services to targeted youth and families will be utilized in Challenge II. Key elements of this particular service program include: (a) gateway agencies through which client youth and families will enter the project following an eligibility screening assessment; (b) neighborhood supervision teams comprised of gateway agency staff to develop case plans for the client families linking them to appropriate services and monitoring their progress; (c) team leaders who are responsible for the final case plan, brokering of services, and supervision of the family; (d) family coaches who will provide case management and client tracking and provide support (e.g., home visits, transportation, and “coaching”) to the family in an effort to meet the goals of their case plan; (e) alcohol, drug, and mental health treatment planners (i.e., licensed clinicians) will conduct in-depth family assessments of substance abuse and dual diagnosis issues, work with supervision team members to develop a treatment plan, and provide case reviews.

Drug and Alcohol Treatment Services

To provide the fundamental needs of a successful adolescent treatment program, Challenge II will include: (a) a structured setting with multiple options that provide youth with choices; (b) appropriate staff and client matching; (c) lasting relationships with positive peer and adult role models; (d) respect for cultural strengths and barriers; (e) therapeutic recreation and skill-based programming (academic, social and living skills); and (f) the involvement of the entire family in the treatment process. Treatment plans will consist of treatment services for individual youth and family members with substance abuse impairment, prevention services for younger siblings, and appropriate support to increase family cohesion, competency, and social support systems for all family members. Based on the degree of substance abuse impairment (i.e., moderate or severe), participants will be directed into one of two service tracks.

Support Services

A core network of support services will be made available to all participating youth and families through linkage to existing services or through services contracted specifically for these youth and their families. Challenge

II support services will include: (a) school-based mentoring programs that will match adult mentors with targeted youth at junior high school campuses in their neighborhoods; (b) friendly PEERsuasion designed to dissuade girls aged 6-14 from using drugs and alcohol by having peer leaders who have completed a training program; (c) children are people, too, designed for children (and siblings) living in a family with a drug or alcohol abuser; (d) anger management counseling and education that provides individual and group counseling and education in anger management skills; (e) family mediation services designed to de-escalate family tensions and enhance family functioning by facilitating effective communication among family members; (f) parent education and support groups that provide a full-time parent educator who will conduct culturally appropriate parent education seminars, support groups, and in-home parent support services; (f) teaching responsibility and independence by education designed to provide academic and social learning for at-risk teens and includes tutoring, structured learning activities, and recreational activities; (g) after school activities that provide resources for participants to cover the cost of membership fees, sports uniforms or equipment, tickets to cultural events, ... etc.; (h) linkage to existing services which will link participants with other existing services in the community (e.g., community-based mentoring, academic support services, ESL classes, job training and employment services, health care, and child care).

Gender Specific Services

For target families with female adolescents the Challenge II Project will provide: (a) life skills training which includes a curriculum of 96 activities to address the realities of adolescent development (health, parenting, skill development, decision making, refusal skills, risk and protection, violence and personal safety, career and life planning, leadership and community action) from a gender equity perspective (also, young women will be matched with community mentors); (b) therapeutic recreational and cultural activities that will expose female offenders to an after school program to engage the participants and help keep them off the streets and away from alcohol, drugs, and violent behavior offering them constructive alternatives to release their anger and express their emotions; (c) health care services that will provide females with necessary assistance with many gender specific health issues; (d) service linkages provided with at least one of four family coaches being a woman and will establish linkages with existing female-specific services; (e) local out-of-home placements that will provide foster families in or near the target neighborhoods to provide foster care beds for females participating in demonstration projects, which will allow these females to remain in the county and receive services.

- 3(a). The table below contains an exhaustive list of interventions that might be part of your Program. Use the appropriate number to distinguish the recipients, if any, of each of these interventions. If a particular intervention will not be part of your Program, please write a "0" in the box.

"1" - Treatment group only

"2" - Both groups with differences in specific intervention

"3" = Both groups with no differences in specific intervention

"4" = Comparison Group Only

*note: We will document services provided to the youth in the historical comparison group to provide information on the similarities/differences between the two groups (i.e., in terms of intervention services).

1	Multi-disciplinary assessment to identify needs/plan interventions	1	Single point of entry/one-stop service center
1	Day Reporting Center	1	Multidisciplinary case management
1	Community Resource/Service Center	1	Restorative Justice Program
1	Neighborhood based prevention activities	1	Victim mediation/restoration
1	Teen Court	1	Institutional commitment (detox bed at juv. hall)
1	Neighborhood Accountability Boards	1	Transitional care
1	Victim advocacy	0	Voice tracking
1	On-site school	1	Community-oriented problem solving
1	Homework assistance	1	Reconciliation
1	Language proficiency development	1	Rigorous academic program -- CEC
1	Monitor truancy through contact with schools	1	Tutoring
1	Probation officers on site: Prevention	1	ESL instruction
1	Probation officers on site: Intervention	1	Educational incentives
1	Social skills development	1	Mentoring
1	Life skills counseling	1	Life skills training
1	Youth leadership development	1	Swift and certain response
1	Parenting training - for youth	1	Emancipation skills training
1	Mental health counseling	1	Parenting training - for parents of youth
1	Family counseling	1	Sexual abuse counseling
1	Family counseling with involvement of extended family	1	Parenting counseling
1	Family conferencing	1	Parental prosecution
1	Family re-unification	1	Create multi-family support groups
1	Respite care	1	CPS referral
1	Family mentors	1	Medical services
1	Peer counseling	0	Physical therapy
1	Health education	1	Conflict resolution services
1	Conflict resolution training	1	Financial support
1	Anger management	1	Residential care
1	Finance management training	1	Clothing
1	Housing and food	1	Use of probation volunteers
1	Expedited case assignment and management	1	Vocational counseling
1	Community based restorative justice	1	Employment
1	Vocational training	0	Community service - paid
1	Job placement	1	Community service - unpaid
1	Pay restitution	1	Transportation

1	Intensive probation supervision	1	Behavioral contract
0	Probation supervision, not intensive	0	Speech therapy
1	Recreation activities	1	Outreach workers
1	After school programs	1	Other (Specify): Recreation Therapy
1	Crisis intervention		Other (Specify):
1	Electronic monitoring		Other (Specify):
1	Alcohol abuse counseling and support		Other (Specify):
1	Substance abuse counseling and support		Other (Specify):
1	Increase PO contact with other community agencies serving the family/youth (e.g., schools, mental health)		Other (Specify):

4. **Research Design:** Describe the Research Design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs).

Research Design and Evaluation

The Santa Barbara County Challenge II Project focuses primarily on the reduction of law offenses and substance use behaviors among high-risk youth and their families. This is based on the assumption that family relations have a strong influence on the youth's behavior. Furthermore, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), in its 1993 Comprehensive Strategy, recommends designing intervention and prevention programs that will counteract family-based risk factors, such as parental conflict, child abuse, and family history of problem behavior. Accordingly, Santa Barbara County's strategy is to provide an intensive, family-focused intervention program for those youth and their families who present a high-risk profile for substance abuse. Challenge II Grant identifies high-risk youth and their families as those that are seriously affected by substance abusing behavior of family members who fall into the following categories: In-home caretaker, juvenile, or (in a few instances) both. Once the families are identified, an array of critical services is provided to the youth and other family members.

The research design for the family dimension of Challenge II is a within-subjects repeated measures design. The emphasis will be on comparing multiple date points across time (i.e., pre- post- and follow-up). The primary caregiver(s) will complete a series of measures that assess family functioning, parenting practices, life events, and perceptions of the target youth's behavior. These measures will first be administered prior to the family receiving intervention services (pre assessment). The measures will then be readministered upon completion of the treatment plan. Finally, the family members will complete a follow-up assessment six months after the completion of the treatment plan. The administration procedures and measures will be consistent across all three assessment periods. To assess the impact of Challenge II on the participating families we will compare scores (i.e., pre vs. post vs. follow-up). The six month follow-up assessment will allow us to examine whether the hypothesized benefits of Challenge II are sustainable following the completion of the program.

The evaluation of the Santa Barbara County Challenge II Project will use three fundamental strategies to examine positive outcomes associated with participation: (1) intervention's effect on targeted individual youth, (2) intervention's effects on targeted families, and (3) the effects on the neighborhood. The focus of this Program Evaluation Survey (Exhibit B) is on the second, "intervention's effect on targeted families."

We have established a Research Advisory Panel to ensure that all methods are family-friendly and reflect high standards of cultural competence. This is particularly critical to this study because of its neighborhood-focused emphasis. We recruited community agencies reflective of and responsive to the community's ethnic diversity to review evaluation procedures to improve their cultural competence, and to even participate in the process of conducting neighborhood crime victimization surveys. This panel consists of researchers, independent

representatives from the public and private sectors, as well as family members. It reflects the racial-ethnic diversity of the target neighborhoods.

Intervention's Effect on Targeted Families

All individual youth and their family variables will be stored in a single database. The data collection strategy is described below. However, it is important to recognize that this strategy also will allow us to examine outcomes across family units. Family outcomes, such as total number of CPS referrals during specific time periods, will be included in the database, using the target youth as the means to store these data. The advantage of this approach is that it will allow us to simultaneously examine how family context variables and outcomes are associated with individual youth outcomes, which is the focus of this grant initiative. Relatedly, this strategy will allow us to better understand the relationship between risk and developmental asset indicators and responsiveness to the intervention.

Within-Subjects Repeated Measure Design. As mentioned, the ultimate test of the success of the proposed continuum of services is a reduction in juvenile crime incidence. However, additional evidence for the effectiveness of the program can be obtained by evaluating impacts of program participation on each youth and their family. It is recognized that a randomized control group design can eliminate many internal validity threats in a study. Nonetheless, in circumstances when randomization is not feasible for programmatic and ethical reasons, within-subjects designs are often used, as has been done in previous juvenile justice research. Two key additional methodological features are required to increase the internal validity of this proposed design:

First, participants must be measured at multiple points in time so that they can, in essence, “act as their own controls.” This will be accomplished in this study by taking all outcome measures at the following intervals: (1) at point of entry into the program; (2) at exit from the program; and (3) at 6 months after program completion.

Based on our on-going experience with program implementation, we propose the following:

1) To begin to collect data four months after the beginning of the project (beginning data collection will be November 1, 1999). The first four months will be used to finalize all data collection procedures, and to thoroughly pilot test them.

2) To collect BOC core data for all participating target youths within participating families.

3) To conduct an intensive within-subject, repeated measure design on a randomly selected sample of 130 youth and their families, to account for attrition, resulting in a projected minimum sample size of 100 youth and their families for which we would have complete data.

4) Demographic information will be collected for all participants of the project at any time to evaluate how the target 100 participants compare with the other participating families. Again, our experience has taught us that it is better to collect archival data for all families and youths and detailed data for a core subsample of families. Our intent is to use all available evaluation resources to exhaustively follow these individual youth and families and to do whatever is necessary to obtain 100% of all data from them. This will provide us with greater confidence of the data's quality and actually increase the power of the study (see Ethnographic Study). It is for this target sample of 100 individual youth and families that the proposed FACES measure and detailed substance use questionnaires (adapted from the California Healthy Kids Survey, which will also provide statewide contemporaneous data and local community data because this survey is administered in junior high schools and the high schools serving the participating community) will be used. The target sample will also include data from the following sources: Addiction Severity Index (for the substance abusing caretaker and/or youth (Teen version)) and the California Healthy Kids Survey's Resilience module. These instruments are already used by local agencies.

Ethnographic Study. To complement the statistical data, we will conduct ongoing detailed interviews of a minimum of five selected target youth and their families that are already in the treatment group. We believe that

research on high-risk populations can greatly benefit from ethnographic studies that are culturally sensitive and appropriate. Through the use of ethnographic study we will better understand the lives of these individual youth and families.

- 4a. Check (✓) the statement below that best describes your Research Design. If you find that you need to check more than one statement (e.g., True experimental and Quasi-experimental), you are using more than one Research Design and will need to complete a separate copy of the survey for the other design(s). Also, check the statements that describe the comparisons you will be making as part of your Research Design.

Research Design (Check One)	
<input type="checkbox"/>	True experimental with random assignment to treatment and comparison groups
<input type="checkbox"/>	Quasi-experimental with matched contemporaneous groups (treatment and comparison)
<input type="checkbox"/>	Quasi-experimental with matched historical group
<input checked="" type="checkbox"/>	Other (Specify) within-subjects repeated measures
Comparisons (Check all that apply)	
<input type="checkbox"/>	Post-Program, Single Assessment
<input type="checkbox"/>	Post-Program, Repeated Assessments (e.g., 6 and 12 months after program separation)
<input checked="" type="checkbox"/>	Pre-Post Assessment with Single Post-Program Assessment
<input type="checkbox"/>	Pre-Post Assessment with Repeated Post-Program Assessments (e.g., 6 and 12 months after program separation)
<input type="checkbox"/>	Other (Specify)

- 4b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

For the family dimension of our Challenge II evaluation, it is not feasible for us to use a historical comparison group.

5. **Cost/Benefit Analysis:** Indicate by checking “yes” or “no” whether or not you will be conducting a Program cost/benefit analysis that includes at least: a) the cost per juvenile of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and, c) your assessment of the program’s future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.

Cost/Benefit Analysis	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

This project does not lend itself to traditional cost-benefit analysis, as the unit of treatment is the entire family, and the results extend beyond the family to the neighborhood itself. In any given family, one could expect an adult on probation who, without intervention, might end up in prison; an older juvenile who may require costly out-of-home placement, and a younger sibling who is at risk of entering the Juvenile Justice System. If the family intervention and treatment program is successful, not only are these costs avoided but the family becomes a more positive, or at least less damaging, influence to neighboring families and youth. By targeting a high number of families in a given neighborhood, we expect to see a positive “domino effect” that should, over time, reduce crime rates, create savings in enforcement costs, property damage costs, and other crime related savings.

Preliminary cost effectiveness analyses were computed by the Santa Barbara County Juvenile Justice Coordinating Council as reflected on page 57 of the Challenge II Grant Program proposal submitted to the State of California, Board of Corrections. Essentially, the average grant funded cost per family is projected to be \$692 per month. The average family size in Santa Barbara is 2.5, although we estimate that many of the families in the target population will be larger than that. However, using that figure as a conservative estimate of family size, the average grant funded cost per person served will be \$276 per month. This is extremely cost effective, considering

that the cost of serving a youth attending our Counseling and Education Center is \$1,147 per month and the cost for MISC services is \$2,461 per month.

5a. If you will perform a cost/benefit analysis, describe how that analysis will be performed.

None performed by the UCSB evaluation team.

6. **Target Population:** This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include age, gender, risk level, legal history, wardship status, geographical area of residence, etc.

Please provide a detailed description of the criteria you will be using and how you will measure those criteria to determine eligibility (e.g., school failure as measured by suspensions/expulsions or by low grade point average)

The emphasis of the Challenge II project in Santa Barbara is to focus on at-risk youth and their families within specific targeted neighborhoods in the community. In particular there are two targeted neighborhoods in Santa Barbara, one of the Westside and one of the Eastside, these neighborhoods comprise the composite “urban core” of Santa Barbara and have the highest concentration of Hispanic, African American and other minority families as well as the highest concentration of youth and families living in poverty (for a complete description of these neighborhoods please refer to page 47 of the Santa Barbara project proposal). The project will target youth and their families where there is an identified substance abuser. The targeted youth and families will include: (a) families with a juvenile who is on CYA Parole, on informal or formal probation, or is a chronic truant being monitored by the District Attorney’s Truancy Mediation Team (TMT); and/or (b) families that include an adult under the supervision of CDC Parole or Probation with one or more children aged 11 - 17 living in the home, and/or (c) families under the supervision of Child Protective Services who have children aged 11 - 17.

6a. Describe any standardized instruments or procedures that will be used to determine eligibility for Program participation, and the eligibility criteria associated with each (e.g., “high risk” as measured by the XYZ risk assessment instrument, a score of “X” on the CASI, etc.).

The project will include target youth and families where there is an identified substance abuser. The targeted families will include: (a) families with a juvenile who is on CYA Parole, on informal or formal probation, or is a chronic truant being monitored by the District Attorney’s Truancy Mediation Team (TMT); and/or (b) families that include an adult under the supervision of CDC Parole or Probation with one or more children aged 11 - 17 living in the home, and/or (c) families under the supervision of Child Protective Services who have children aged 11 - 17. While the ASI will be used with Adults and the TASI will be used with youth, these scores will be used for assessment and evaluation, but will not be the key criteria for delivery of services.

7. **Sample Size:** This refers to the number of juveniles who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program, etc). In addition, there will probably be juveniles who participate in the Program you will be researching and not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research, or they may enter into the Program too late for you to conduct the mandatory minimum of six months follow up of the juvenile after Program completion). **Using the table below**, indicate the number of juveniles who

will complete the treatment interventions or comparison group interventions, plus the minimum six months follow up period. This also will be the number of subjects that you will be including in your statistical hypothesis testing to evaluate the Program outcomes. Provide a breakdown of the sample sizes for each of the three Program years, as well as the total Program. Under **Unit of Analysis**, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)			
Program Year	Treatment Group		Comparison Group
First Year	100 (subsample = 40)		Historical - Matched Group from 1994 - 1998
Second Year	175 (subsample = 45)		“ “
Third Year	175 (subsample = 45)		“ “
Total	450 (subsample = 130)		

Unit of Analysis (Check one)			
<input type="checkbox"/>	Individual Youth	x	Family
<input type="checkbox"/>	School		Geographic Area (e.g., neighborhood)
<input type="checkbox"/>	Other		Other:

8. **Key Dates:**

- “Program Operational” is the date that the first treatment subject will start in the Program.
- “Final Treatment Completion” is the date when the last treatment subject in the research sample will finish the interventions that constitute the Program (and before the start of the follow up period).
- “Final Follow Up Data” is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment interventions or whenever these data will become available).

Program Operational Date: September 15, 1999

Final Treatment Completion Date: January 15, 2002

Final Data Gathering Date: June 15, 2002

9. **Matching Criteria:** Whether or not you are using a true experimental design, please indicate the variables that you will be tracking to assess comparability between the groups. Matching criteria might include: age, gender, ethnicity, socioeconomic status, criminal history, parental criminal history, etc.

The evaluation of Challenge II on the families of the targeted youth will not include comparison families.

- 9a. After each characteristic listed above, describe how it will be measured.

Families of the targeted youth in Challenge II will not be matched.

- 9b. Which of these characteristics, if unequally distributed between the treatment and comparison groups, would complicate or confound the tests of your hypotheses? How will you manage that problem?

Not applicable.

- 9c. If you are using an historical comparison group, describe how you will ensure comparability (in terms of target population and matching characteristics) between the groups.

The evaluation of Challenge II on the families of the targeted youth will not include comparison families.

10. **Comparison Group:** The intent here is to document the kind of comparison group you will using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects - in that case enter "true experimental design" in the space below. However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched schools, matched geographical areas, other matched counties, a matched historical group, etc.

Please identify the source of your comparison group.

The evaluation of Challenge II on the families of the targeted youth will not include comparison families.

11. **Assessment Process:** The intent here is to summarize the assessment process that will determine the nature of the interventions that the juveniles in the treatment group will receive. For example, psychological testing, multi-agency and/or multi-disciplinary assessments, etc.

The Santa Barbara Challenge II project is a family-based alcohol and drug treatment continuum and neighborhood supervision project which will incorporate a neighborhood supervision team for assessment, case planning, brokering, and supervision. Included on this supervision team will be a team leader, consulting partners, treatment planners, and family coaches. There will be a moderate impairment track and a severe impairment track with appropriate support services and wrap around services being available to all target youth and families (see page 49 of the Santa Barbara Challenge II proposal for a full description of the continuum of services). Target youth and their families will be identified through four gateway agencies, 1. Parole, 2. Probation, 3. CPS, and 4. D.A. / TMT. Staff from each of the gateway agencies will administer a screening instrument to determine whether the family is initially appropriate for participation in this program.

- 11a. Describe any standardized assessment instruments that will be administered to all treatment group subjects for the purposes of identifying appropriate interventions.

The standardized assessments described below will be included in the pre-assessment battery which will be used for the intake assessment for all participants and will be utilized by the treatment planners for the purpose of identifying appropriate interventions.

Addiction Severity Index (ASI). The ASI is a semi-structured interview designed to address seven potential problem areas in substance abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/ social status, and psychiatric status. This measure will be administered to targeted youth and/or his or her adult caretaker at time of entry into the program by a trained counselor. The ASI provides two scores: severity ratings of the client's need for treatment, derived by the interviewer; composite scores are measures of problem severity during the prior 30 days and are calculated by a computerized scoring program. The ASI has shown to be a highly reliable and valid assessment tool for treatment planning (see McLellan, Kushner, Peters, Smith, Corse, & Alterman, 1992; McLellan, Luborsky, Cacciola, & Griffith, 1985). The Teen Addiction Severity Index (TASI) will be used with all adolescents as this version was designed specifically for use with youth (Kaminer, Bukstein, & Tarter, 1992).

Family Adaptability and Cohesiveness Evaluation Scale II (FACES II). Efforts to improve family functioning are central for many of the services provided to the targeted families. The FACES measure will be used in the present study to assess key dimensions (i.e., cohesion, adaptability) of targeted families functioning. FACES II is a 30-item scale which consists of 16 cohesion items (e.g., "Family members feel very close to each other") and 14 adaptability items (e.g., "Our family tries new ways of dealing with problems"). High Reliability

and clear evidence for validity of FACES has been demonstrated in numerous studies (see Olson, Portner, & Bell, 1989). Moreover, ease of administration and completion of FACES also have been noted in past studies. Adults and juveniles will complete FACES at intake, exit, and follow-up.

Parent-Adolescent Communication Scale. Family communication will be assessed via the Parent-Adolescent Communication scale (Barnes & Olson, 1982). This 20-item scale consists of two factors: open family communication (e.g., “I find it easy to discuss my problems with my mother”) and problems in family communication (e.g., “I am sometimes afraid to ask my mother for what I want”). High reliability and evidence of validity have been shown for the Parent-Adolescent Communication scale. This measure is similar in ease of administration and completion as FACES II and will be administered to adults and juveniles at intake, exit, and follow-up.

Alabama Parenting Questionnaire. The Alabama Parenting Questionnaire (Shelton, Frick, & Wooten, 1996) assesses several different dimensions of parenting practices. For purposes of the present study, a modified version which includes the following three dimensions will be used: (1) positive parenting (6 items; e.g., “you reward or give something extra to your child for obeying you or obeying well”); (2) poor monitoring/supervision (10 items; e.g., “you don’t check that your child comes home when he/she is supposed to”); and (3) inconsistent discipline (6 items; e.g., “your child talks you out of being punished after he/she has done something wrong”). Reliability for the Alabama Parenting Questionnaire has been demonstrated in past research. Parents (adult caretaker) will complete this measure at intake, exit, and follow-up.

Parenting Stress Index (PSI). To assess possible stressful life events that families may have experienced, parent (adult caretaker) will report the occurrence of 19 potential stressful events. Included are divorce, marital reconciliation, marriage, separation, pregnancy, other relative moved into the house, income increased or decreased substantially, went deeply into debt, moved, promotion at work, alcohol or drug problem, death of a friend, new job, new school, trouble at work, trouble with teachers at school, legal problems, death of immediate family member. These 19 items will be completed by parent (adult caretaker) at intake, exit, and follow-up.

Child Behavior Checklist (CBCL). Description of the emotional and behavioral condition of the youths will be obtained by using the Child Behavior Checklist, which is completed by a parent or caregiver, and the individual youth. These instrument are used as the standard against which all other youth rating scales are evaluated. A general index of problem behaviors was obtained using the Child Behavior Checklist (CBCL; Achenbach, 1991). This instrument is approved by California Mental Health and adopted by National Center for Children’s Mental Health as an outcome measure. The CBCL is the most widely used standardized checklist to record the competencies and problem behaviors of a child as perceived by a parent/caregiver. The 118 items are answered on a three-point scale (“not true” to “very true”), indicating the degree of agreement between the item and the parent’s recent perceptions of the child’s behaviors over the past six months. The items tap problems ranging from externalizing acting-out (e.g., “cruelty, bullying, or meanness to others,” “destroys his/her own things,” “screams a lot”) to internalizing withdrawn behaviors (e.g., “complains of loneliness,” “feels worthless or inferior,”). The CBCL is comprised of the following nine syndrome scales: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, sex problems, delinquent behavior, and aggressive behavior. The Internalizing index is a summary score derived from the withdrawn, somatic complaints, and anxious/depressed scales. Similarly, the Externalizing index is derived from the delinquent behavior and aggressive behavior scales and the Total Problem Scale index is derived from all of the syndrome scales. The CBCL provides useful information about the kinds of behaviors in which the parent or caregiver observes the target youth engaging in the home and other settings.

The CBCL was standardized by age and sex groups using data from more than 1,750 caregivers of non-referred children. The average one-week test-retest reliability of the syndrome scale scores is .89, with the six-

month stability on the scales ranging from .59 to .74. Interparent agreement on syndrome scale scores ranges from .48 (Thought Problems) to .80 (Externalizing; Achenbach, 1991).

Given the culturally and linguistically diverse population of Santa Barbara County, it is important to ensure that the CBCL is available to Spanish-speaking parents. The evaluators have extensive experience using the CBCL and are currently conducting validity studies of several Spanish CBCL versions with the intention of having a "California" Spanish version available for use in this study.

Behavior Emotion Rating Scale (BERS). This is a standardized, norm referenced, 52 item measure to assess the behavioral and emotional strengths of children and adolescents. The BERS is focused on identifying what children do well. Reliability and validity are exceptionally strong and support its use as an evaluation instrument (Epstein & Sharma, 1998). There are 5 primary subscales; interpersonal strength, family involvement, intrapersonal strength, school functioning, and affective strength. The primary caregiver(s) will be completing this assessment on the target youth at the intake, exit, and six month follow-up.

- 11b. Identify, which assessment instruments, if any, will also be administered to comparison group subjects.

The evaluation of Challenge II on the families of the targeted youth will not include comparison families.

12. **Treatment Group Eligibility:** Indicate the process by which juveniles will be selected into the pool from which treatment subjects will be chosen. This process might include referral by a judge, referral by a school official, referral by a law enforcement officer, administration of a risk assessment instrument, etc.

The emphasis of the Challenge II project in Santa Barbara is to focus on at-risk youth and their families within specific targeted neighborhoods in the community. In particular there are two targeted neighborhoods in Santa Barbara, one on the Westside and one on the Eastside, these neighborhoods comprise the composite "urban core" of Santa Barbara and have the highest concentration of Hispanic, African-American and other minority families as well as the highest concentration of families living in poverty (for a complete description of these neighborhoods please refer to page 47 of the Santa Barbara project proposal). The project will target youth and their families in which there is an identified substance abuser. The targeted youth and families will include: (a) families with a juvenile who is on CYA Parole, on informal or formal probation, or is a chronic truant being monitored by the District Attorney's Truancy Mediation Team (TMT); and/or (b) families that include an adult under the supervision of CDC Parole or Probation with one or more children aged 11 - 17 living in the home, and/or (c) families under the supervision of Child Protective Services who have children aged 11 - 17. In particular there are four essential elements: (1) being in one of the two target neighborhoods, (2) Age of child in the home between 11-17, (3) substance abuse problems in the home, and (4) entry through a gateway agency.

13. **Comparison Group Eligibility:** Indicate the process by which juveniles will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.

The evaluation of Challenge II on the families of the targeted youth will not include comparison families.

- 13a. If procedures for determining the eligibility of participants for the Comparison Group differ from those described in 12, please describe them. If different procedures are used, how will you ensure comparability of the two groups on critical characteristics?

The evaluation of Challenge II on the families of the targeted youth will not include comparison families.

14. **Outcome Variables:** In the table below, list some of the most important outcome variables that you are hypothesizing will be positively affected by your Program. Possibilities include grade point average, truancy, arrest rate, successful completion of probation, petitions sustained, alcohol and drug problems, risk classification, etc.

Major Hypotheses for Individual Youth and their Families:

1. Family functioning among the targeted families will be improved.
2. Alcohol and drug use among the targeted families will be decreased.
3. The intervention completion rate will increase among targeted families.
4. Out-of-home placements among juvenile offenders in the targeted families will be reduced.
5. The severity rate of recidivism (new criminal offenses) among both adults and juveniles in targeted families will decrease.
6. The intervention will prevent the initiation of criminal activity (new criminal offenses) among non-probation members of the targeted families.
7. The percentage of CPS cases among the targeted families who enter the juvenile justice system will decrease.

Construct/Variable	Measure	Respondent	#Items	Score/Scale	When	Tests
<u>Family:</u>						
Cohesion	FACES II	M/F/A	16	a rating scale	Pre,Post,F-Up	**
Adaptability	FACES II	M/F/A	14	a rating scale	Pre,Post,F-Up	**
Communication	P-A Comm.	M/F/A	20	a rating scale	Pre,Post,F-Up	**
Positive Parenting	Alabama	M/F	6	a rating scale	Pre,Post,F-Up	**
Poor Monitoring/Supervision	Alabama	M/F	10	a rating scale	Pre,Post,F-Up	**
Inconsistent Discipline	Alabama	M/F	6	a rating scale	Pre,Post,F-Up	**
Stressful Life Events	PSI	M	19	a rating scale	Pre,Post,F-Up	**
Alcohol/Drug Use	ASI/TASI	M/F/A		a rating scale	Pre,Post,F-Up	**
Arrests/Criminal Activity	Probation & Police Department Mainframe			a specific number	Pre,Post,F-Up	**

M=Mother F=Father A= Adolescent

** Statistical analyses will examine the change from Pre, to Post, and through Follow-Up, Repeated Measures Anova Models and T-tests will be utilized as appropriate. Analyses will include results by gender. (note: covariates and cluster analyses will be used as necessary to explore the Challenge II project goals.)

15. **Score/Scale:** To "measure" the effects produced by your Program, you must put the variable in question on some sort of measuring scale (e.g., a test score, a count of occurrences, a rating scale, a change score indicating education achievement progress). For each variable for which you are making a hypothesis, indicate in the table above the measurement that you will be statistically analyzing when you test your hypothesis.

See Table above under question #14 which includes the score/scale.

16. **Additional Information:** To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender or make differential hypotheses for different age ranges. Supplying "additional information" is optional; but if there is some aspect of the hypotheses testing that is important for us to know about, please supply it in this section in the table above.

See Table above under question #14 which includes the score/scale.

- 16a. For each outcome variable that will not be measured by a standardized assessment procedure, describe the procedures that will be used. For instance, if your county has developed a risk-assessment tool that you will be using to measure change, please describe how it works.

All measures utilize a standardized procedure.

17. **Significance Test:** In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section in the table above, please list your choice for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

See Table above under question #14 which includes the score/scale.

- 14a. The table below contains an exhaustive list of the outcomes for which hypotheses have been developed by different Challenge II Programs. In the column to the left, check (✓) those outcomes that will be evaluated as part of your research design. For each such item, check the boxes to the right if you will also be collecting data for this variable for the period preceding program entry (Pre-Program) and/or for the period during program participation (During Program).

✓ Here if Applicable	Outcome	✓ Here if Data Will Also be Collected for Conduct/Status Prior to or During Program	
		Pre-Program	During Program
	Risk Factors		
	Time to Complete Risk Assessment		
✓	Arrest/Referral (any) (Juveniles and Adults)	✓	✓
✓	# of Arrests/Referrals	✓	✓
✓	Type(s) of Arrest(s)/Referral(s)	✓	✓
	Petitions Filed (any)		
	Sustained Petitions (any)		
	# of Sustained Petitions		
	Type(s) of Sustained Petition(s)		
	Adult Convictions (any)		
	# of Adult Convictions		
	Type(s) of Adult Convictions		
	Institutional Commitment (any)		
	# of Institutional Commitments		
	Commitment Time		
	Completion of Institutional Commitment		
✓	Restitution Ordered	✓	✓
	Restitution Amount		
✓	Restitution Paid	✓	✓
	Amount of Restitution Paid		
✓	Court-Ordered Work	✓	✓
	Court-Ordered Work Hours		
✓	Court-Ordered Work Completed	✓	✓
	# of Court-Ordered Work Hours Completed		
✓	Court-Ordered Community Service	✓	✓
	Court-Ordered Community Service Hours		
✓	Court-Ordered Community Service Completed	✓	✓
	# of Court-Ordered Community Service Hours Completed		
	Education-Enrollment Status		
	Education-Grade Level		
	Education-Credits Earned		
	Education-Grade Point Average		
	Education-Expulsions		
	Education-Suspensions		
	Gang Involvement		
✓	Alcohol Use	✓	✓
✓	Drug Use	✓	✓
	Runaway		
	Wardship Status		
	Informal Probation Status		
	Contacts with Probation Officer		
✓	Family Functioning	✓	✓
	Self Esteem		
	Use of Community Services		

✓ Here if Applicable	Outcome	✓ Here if Data Will Also be Collected for Conduct/Status Prior to or During Program	
		Pre-Program	During Program
	Self-Protective/Avoidance Behavior		
✓	Client Satisfaction		✓
	Family Attitudes		
	Social Skills		
	Pregnancy/Child Birth Rate		
	Perceived Control Over Life		
	Community Attachment – Sense of Membership		
	Time to Initiate Supervision		
	Referrals to Community Agencies		
✓	Other (Specify):Sense of Safety and Public Protection	✓	✓
✓	Other (Specify):Out of Home Placements	✓	✓
✓	Other (Specify):Rate of Recidivism		✓
✓	Other (Specify):Initiation of criminal activity - non probation youths		✓

The following questions are supplemental to the Research Design Summary Form and will help us understand how you intend to manage data collected for this project.

18. What additional background information (if any) will be collected for the participants (both treatment and comparison)? For instance, will you gather information about family criminal background, drug involvement, parent attitudes, etc. If so, what will be collected and how?

The information on targeted families will include a brief background information survey including, the criminal background of family members, drug involvement, and alcohol use. The gateway agencies will be responsible for administering this survey to target families.

19. How will the process evaluation be performed? What components will be addressed and how will they be measured (e.g., services available and frequency of use of those services by each participant)? What is the timeframe for gathering process-related information? What recording mechanisms will be used? If descriptive or statistical analyses will be performed, please describe what they will be.

This information will be gathered through the “Family Team Leaders” from the partner agencies. In particular, will assess the services used, the rate of completion. Team Leaders will provide 3 month family progress reports documenting the services provided and the process by which the family plan has been implemented (and possibly revised). It will be the partner agency’s responsibility to document services provided to the target families.

20. Describe how you will document services received by the treatment and comparison group members. Examples are: how many family counseling sessions did the family attend, how intense (and by what measure) was the drug treatment, did the subject complete the interventions, etc.?

The “Family Team Leader” will be responsible for gathering this information from the partner agencies. As stated above, it will be the partner agency’s responsibility to document services provided to the target youth and their families.

21. What will be the criteria for completion of the program? For instance, will the Program run for a specified amount of time irrespective of participants' growth or lack thereof? If so, how long? Alternatively, will completion be determined by the participants' having achieved a particular outcome? If so, what will that outcome(s) be and how will it be measured? Examples are decreased risk as measured by a particular instrument, improved academic performance, etc.

The “Family Team Leader” will specify when the family treatment plan has been completed for each individual youth and their family. The services provided to families will be based on the needs of each particular family (e.g., one family may need 8-week drug and alcohol counseling whereas another family may need 18-week multi-agency treatment). Thus, completion will be based on the specific intervention assigned to each individual youth and their family.

22. If Program completion will be linked to probation terms, how will you record those terms and identify adequate completion? Examples include paying restitution, completing a work program, performing community service, etc.

Not applicable.

23. On what basis will a subject be terminated from the Program and be deemed to have failed to complete the Program?

If the family treatment plan was not completed as defined by the “Family Team Leader” the family will be noted as having failed the program. A family may also be terminated from the program if the target family moves outside the target zone or outside of Santa Barbara County jurisdiction.